

**DEPARTMENT OF LABOR
JOB OPPORTUNITY
INTERPRETER CLERK
APPEALS UNIT**

PLEASE FOLLOW THE SPECIFIC APPLICATION FILING INSTRUCTIONS AT THE BOTTOM OF THIS PAGE!

Open To: The Public
Location: 3580 Main St., Hartford relocating to 645 South Main St., Middletown in February 2013
Job Posting No: 475
Hours: Full-time (1st shift/40 hrs. weekly)
Salary: \$37,429 - \$49,108
Closing Date: November 26, 2012, close of business

Eligibility Requirement: Candidates must possess the minimum qualifications required as described in the Knowledge, Skills and Abilities listed below. Please note this position requires the incumbent to be fluent in Spanish.

Knowledge, Skills and Abilities: Interpersonal skills; ability to speak, read and write both English and Spanish and to communicate information in either language to clients, staff and others; ability to follow oral and written instructions.

Examples of Duties: Acts as an interpreter for staff in unemployment hearings involving Spanish speaking clients. Answers telephones and communicates information to clients, translates letters and other documents, prepares correspondence, may perform general clerical functions such as filing records. Ability to operate office equipment including personal computers or other electronic equipment to perform related duties.

Note: The filling of this position will be in accordance with reemployment, SEBAC, transfer, promotion and merit employment rules, if applicable. Applicants who are not currently a state employee must start at the minimum salary.

Application Instructions: Interested and qualified candidates who meet the above requirements should submit a State of Connecticut Application for Examination or Employment (CT-HR-12) and the Connecticut Department of Labor Pre-Authorization and Release form (immediately follows this job announcement) which includes a statement regarding the Guide to the Code of Ethics for Public Officials and State Employees. Current state employees are required to submit their last two service ratings. The CT-HR_12 can be downloaded from the DAS website at <http://www.das.state.ct.us/cr1.aspx?page=13>. Applications not received or postmarked by the above closing date will not be considered. Missing or incomplete application material will not be considered. Submit via mail or fax to:

**DEPARTMENT OF LABOR
200 FOLLY BROOK BOULEVARD
WETHERSFIELD, CT 06109
FAX (860) 263-6699**

If you are choosing to fax your application, it is not necessary to also send an original copy. Due to the large number of expected applicants we cannot confirm receipt of application materials. Not all individuals who apply will be granted an interview.

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

The State of Connecticut is an equal opportunity/affirmative action employer and strongly encourages the applications of women, minorities, and persons with disabilities.

CONNECTICUT DEPARTMENT OF LABOR

Pre-Employment Screening – Authorization and Release

Completion of this form is voluntary; however, if consent to obtain this information is not given, it may have an adverse effect on your employment opportunities with the Connecticut State Department of Labor.

Applicant’s Name (Last, First, Middle): _____

Mailing Address: _____

Home Phone Number: () _____

I, the undersigned, recognize and understand that this constitutes my consent and authorization to disclose or furnish any relevant and necessary information or records to the Department of Labor concerning my character, employment, or military service as may be necessary for a determination of my suitability for employment with the Connecticut State Department of Labor.

This authorization is executed with the full knowledge and understanding that the Labor Department will take measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate need for it in the discharge of the official business of the Department.

I hereby RELEASE any respondent from any and all liability for damages resulting from a decision by the Department not to employ me on account of compliance, or any attempts at compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid for twelve (12) months from the date of my signature.

| | |
|-------------|------------------------|
| _____ | _____ |
| Date Signed | Signature of Applicant |

As a candidate being considered for employment at the Department of Labor, I have received a copy of the Guide to the Code of Ethics for Public Officials and State Employees.

| | |
|-------------|-----------|
| _____ | _____ |
| Date Signed | Signature |

A copy of the Guide to the Code of Ethics for Public Officials and State Employees may be obtained at the following link:

http://www.ct.gov/ethics/lib/ethics/guides/public_officials_guide_10.pdf